

# DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

Date Printed: 10/31/2012

Subject: (b) (6), (b) (7)(C)

# REPORTABLE USE OF FORCE INCIDENT DATA

# **SECTION A - INCIDENT IDENTIFICATION INFORMATION**

Incident Numb		ent Title:			Orig. SIR No.:		Event No.:	
(b) (2)	Emp:	loyee As				(b) (2)	(b) (2)	
Office:	Dandon	_	rganization: Sector/Ajo Statio		Reporting Official: (b) (6), (b) (7)(C)			
Patrol	Border	Tueson	Sector/Ajo Statio	on			· · · · · · · · · · · · · · · · · · ·	
ļ ·					Telephone Nu			
Time of Incide	-4.	<u> </u>			(b) (6), (b) (7)		David Data of Incidents	
Type of Incide  X Firearm		lists Davidso	Other				Day / Date of Incident:	
Number of	Number of Inve	liate Device	Other Offices / Agencies	lavalva di		21:00 1	hursday 7/7/2011	
Subjects:	Officers/Agent		Other Offices / Agencies	involved:				
1	1							
SECTION	B INCIDE	NT LOC	ATION INFORMAT	TION				
Address:	D - INCIDEI	VI LOCA	ATTOM INFORMAT	City:		State:	County:	
Addiess.				Gunsight		AZ	Pima	
ZIP Code:	Count	ry:		10	Longitu		Latitude:	
85321	US	•				(7)(E)	(b) (7)(E)	
Character of P	remises:				<u> </u>			
Remote/Iso	olated, Uni	nhabited	d, Undeveloped/Ope	en, Outdoo	rs			
Illumination:			· · · · · · · · · · · · · · · · · · ·		· ·			
If Natural Illum	ination:	If Artificial II	llumination:					
Night		Not App	licable, Dark					
Environmental	Conditions:						Estimated Ambient	
Dry, Calm,	. Desert						Temperature ( <sup>O</sup> F):	
							95	
Additional Con	nments (relevan	t to the incid	dent information page):					
1								

# SECTION C - INVOLVED OFFICER / AGENT INFORMATION

BORDER PATROL AGENT   BORDER PATROL AGENT	(b) (6), (b					Joerv	ICE EUD.	Lourn For	Cation LOD.	
Tucson Sector/Ajo Station  Sex:	Duty Location:	) (7)(C)		ER PATROL A	GENT	(b) (	6), (b) (7)(C)	(b) (6), (	(b) (7)(C)	
Sex:		Duty Location:								
X Male	Tucson Sec	tor/Ajo Sta	tion							
Duty Status:  Attire:  On Duty  Off Duty  Uniformed  Plain Clothes  Federal: 3 State: 0 Local: 0  Yes  No  Operational Activity:  Linewatch, Other (Horse Patrol)  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes  No	Sex:		Hand Usage:				Height:	Weight:	Age:	
X On Duty Off Duty X Uniformed Plain Clothes Federal: 3 State: 0 Local: 0 Yes X No    Operational Activity:  Linewatch, Other (Horse Patrol)  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes X No  Yes X No  Operational Activity:  No  Yes X No  Yes X No  Yes X No  Yes X No  Operational Activity:  Operational Activity:  Yes X No  Operational Activity:  Operational	× Male	Female	X Right-Handed	Left-Handed	(b) (6), (b) (7)(C)				)(C)	
Operational Activity: Linewatch, Other (Horse Patrol)  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured: Yes X No	Duty Status:		Attire:		Total YEARS Law Enforcement Experience:			Wearing Body Armor:		
Linewatch, Other (Horse Patrol)  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes X No	× On Duty	Off Duty	× Uniformed	Plain Clothes	Federal: 3	State: 0	Local: 0	Yes	s × No	
SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes X No	Operational Act	tivity:								
Injured:  Yes X No	Linewatch,	Other (Hor	se Patrol)							
Injured:  Yes X No										
Injured:  Yes X No						•				
Injured:  Yes X No										
Injured:  Yes X No		···	<del> </del>							
Yes X No	SECTION I	D - INVOLVE	D OFFICER / AC	GENT INJUF	RY INFOR	MATION				
	Injured:									
Describe Any Involved Officer/Agent Injuries or Other Needed Information:	Yes × No									
Referred for Additional Medical Attention:	Peferred for Ac	ditional Medical	Attention:				<del></del>			
Reletted for Additional Medical Attention.	l —	_	Auemion.							
	Yes	No				<del> </del>		<del> </del>		
Yes No	SECTION F	F - WEAPON	IS USED BY OF	FICER / AGI	FNT					
			10 OOLD DI OI	I IOLITA A O						
SECTION E - WEAPONS USED BY OFFICER / AGENT									<del> </del>	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:		I XI CDD	Domest .	Last Qualificat	ion Date:		Qualification S	core.		
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership: X CBP Personal Last Qualification Date: Qualification Score:			<del>. —</del>	Last Qualificat		dal Nama/Number		score:	Calibar	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership: X CBP Personal Last Qualification Date: Qualification Score:  Serial Number: Model Name/Number: Caliber:	Serial Number:		Manufacturer:	Last Qualificat	Mo			core:		
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:   Serial Number:  (b) (6), (b) (7)(C)  Manufacturer:  (b) (7)(E)  Model Name/Number:  (b) (7)(E)  Caliber:  (b) (7)(E)  (b) (7)(E)	Serial Number: (b) (6), (b) (7)(0		Manufacturer:	Last Qualificat	Mod (b	) (7)(E)		Score:	(b) (7)(E)	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:   CBP Personal Last Qualification Date: Qualification Score:  Serial Number: (b) (6), (b) (7)(C) (b) (7)(E) (b) (7)(E)  Type: Round Type (if Shotgun): Rounds Fired:	Serial Number: (b) (6), (b) (7)(0		Manufacturer:	Last Qualificat	Mod (b	) (7)(E)		Score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0 Type: Pistol		Manufacturer: (b) (7)(E)	Last Qualificat	Mod (b	) (7)(E)		score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0 Type: Pistol Firearm Shoot		Manufacturer: (b) (7)(E)	Last Qualificat	Round Type	(if Shotgun):		Score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0 Type: Pistol Firearm Shoot Posture:	ting Information	Manufacturer: (b) (7)(E)	Last Qualificat	Round Type  Posture Orie	(if Shotgun):		score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shoot Posture: Other (On	ting Information	Manufacturer: (b) (7)(E)	Last Qualificat	Round Type  Posture Orie Side Tow	(if Shotgun): entation:		score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shoot Posture: Other (On Cover Usage:	ting Information	Manufacturer: (b) (7)(E)	Last Qualificat	Round Type  Posture Orie Side Tow Weapon Grip	(if Shotgun): entation: vards p:		score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shoot Posture: Other (On  Cover Usage: No Cover	ting Information	Manufacturer: (b) (7)(E)	Last Qualificat	Round Type  Posture Orie Side Tow  Weapon Grig Gun hand	(if Shotgun): entation: eards p: l only		score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shoot Posture: Other (On  Cover Usage: No Cover  Target Elevation	ting Information Horseback)	Manufacturer: (b) (7)(E)	Last Qualificat	Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth	o) (7)(E) (if Shotgun): entation: vards p: l only od:		score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol Firearm Shoot Posture: Other (On Cover Usage: No Cover Target Elevation Below Eye	ting Information Horseback)	Manufacturer: (b) (7)(E)	Last Qualificat	Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai	(if Shotgun): entation: vards p: l only od: m		score:	(b) (7)(E) Rounds Fired:	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevatio Below Eye Firing Mode:	ting Information Horseback) on:	Manufacturer: (b) (7)(E)	Last Qualificat	Round Type  Posture Orie Side Tow  Weapon Grig Gun hand  Aiming Meth Point Ai  Estimated D	(if Shotgun): entation: eards p: l only od: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shoot Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom	ting Information Horseback) on: Level	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom Collateral Dam	ting Information  Horseback)  on: Level  matic	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom Collateral Dam	ting Information  Horseback)  on: Level  matic	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom Collateral Dam	ting Information  Horseback)  on: Level  matic	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom Collateral Dam	ting Information  Horseback)  on: Level  matic	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom Collateral Dam	ting Information  Horseback)  on: Level  matic	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom Collateral Dam	ting Information  Horseback)  on: Level  matic	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
SECTION E - WEAPONS USED BY OFFICER / AGENT  Firearm Information:  Ownership:	Serial Number: (b) (6), (b) (7)(0  Type: Pistol  Firearm Shood Posture: Other (On Cover Usage: No Cover  Target Elevation Below Eye Firing Mode: Semi-autom Collateral Dam	ting Information  Horseback)  on: Level  matic	Manufacturer: (b) (7)(E)		Round Type  Posture Orie Side Tow  Weapon Gri Gun hand  Aiming Meth Point Ai  Estimated D  Minimum:	(if Shotgun): entation: eards p: l only ed: m istance (Express in	: n Yards):		(b) (7)(E) Rounds Fired: 2	
Reletted for Additional Medical Attention.										
	Describe Any Involved Officer/Agent Injuries or Other Needed Information:									
Describe Any Involved Officer/Agent Injuries or Other Needed Information:	Yes × No									
	Injured:	l <u> </u>								
Yes X No		D - INVOLVE	D OFFICER / AC	GENT INJUF	RY INFOR	MATION				
Injured:  Yes X No				OF417 11 1 11 11 11 11 11 11 11 11 11 11 11				_		
Injured:  Yes X No						•				
Injured:  Yes X No	Linewatch,	Other (Hor	se Patrol)							
Linewatch, Other (Horse Patrol)  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes X No				<u></u>						
Operational Activity:  Linewatch, Other (Horse Patrol)  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes X No				Plain Clothes				I ——	·	
X On Duty Off Duty X Uniformed Plain Clothes Federal: 3 State: 0 Local: 0 Yes X No    Operational Activity:  Linewatch, Other (Horse Patrol)  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes X No  Yes X No  Operational Activity:  No  Yes X No  Yes X No  Yes X No  Yes X No  Operational Activity:  Operational Activity:  Yes X No  Operational Activity:  Operational				Left-Handed						
Duty Status:  Attire:  On Duty  Off Duty  Uniformed  Plain Clothes  Federal: 3 State: 0 Local: 0  Yes  No  SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION  Injured:  Yes  No		_		7			_	I -		
X   Male   Female   X   Right-Handed   Left-Handed   Left-Handed   Left-Handed   Left-Handed   Left-Handed   Left-Handed   Left-Handed   Left-Handed   Duty Status:							Internation	lvar-iba	IA	
Sex:	1									
Tucson Sector/Ajo Station  Sex:	Duty Location:	) (7)(C)	BORD	ER PATROL A	GENT	(b) (	6), (b) (7)(C)	(b) (6), (	(b) (7)(C)	
Duty Location: Tucson Sector/Ajo Station  Sex:			11							
BORDER PATROL AGENT   BORDER PATROL AGENT			Title:			Con	ing EOD:	Duty Lo	cation EOD:	

SECTION E (Continuation) - WEAPONS	USED BY	OFFICER / AGENT		
Intermediate Device Information:				
Device:	Device Type:			
Description:	· · · · · · · · · · · · · · · · · · ·			
Intermediate Device Deployment Information:				
Posture:		Posture Orientation:		
Cover Usage:		Weapon Grip:		
Target Elevation:		Aiming Method:		
Firing Mode:		Estimated Distance (Express in Ya Minimum: 0	erds):  Maximum: 0	
Did Collateral Contamination Occur?:		Time Needed for Decontamination	(Express in Minutes): than 20	
Yes No Unknown		<del></del>	than 20	
Collateral Damage: Bystander / Other Person(s	) Hit Prop	perty Damaged		
Comments Concerning Collateral Damage:				
	· · · · · · · · · · · · · · · · · · ·			
Other Force Information:	15			
Device Type:	Description:			
Comments:				
Other Force Deployment Information:				
Posture:		Posture Orientation:		
Cover Usage:	<del></del>	Estimated Distance (Express in Yards):		
		Minimum:	Maximum: 0	
		<u> </u>	1,	
Collateral Damage: Bystander / Other Person(s	i) Hit L Pro	perty Damaged		
Comments Concerning Collateral Damage:				
SECTION F - INVOLVED OFFICER / AG		OTING INFORMATION		
(Data Merged with Section E Above by V	Veapon)			
SECTION G - INVOLVED OFFICER / AG	FNT TRAI	NING INFORMATION		
What Training (in addition to Basic Academy) Assisted the				
(b) (7)(E)				
Training Posemmondations:				
Training Recommendations:				
			······································	

CBP Form 318-E (07/11)

#### **SECTION H - SUBJECT INFORMATION** Reason (Animal): Description of Animal: X Person Animal Defense Euthanize Sex: Name (Last, First, Middle): (b) (6), (b) (7)(C) Unknown DOB or Age: Weight: Wearing Body Armor: Height: (b) (6), (b) (7)(C) 5'0" - 5'11" 150 - 199 lbs × No Yes Unknown Attire: × Civilian Paramilitary Police None Deceased SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION Firearm Information: Unknown Round Type (if Shotgun): Type: Shot Slug Other: Model Name/Number: Rounds Fired: Caliber: Serial Number: Manufacturer: Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): × None See Supplemental Subject Other Weapon Information (NOT Firearm): Vehicle SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT Weapon: Officer/Agent: (b) (7)(E) (b) (6), (b) (7)(C) Subject: (b) (6), (b) (7)(C) x Yes No Effective at Stopping Immediate Threat: Comments: ×Yes No Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: Comments: Subject Injured: Referred for Additional Medical Attention: ×Yes No Yes X No Unknown Unknown

	ADDITIONAL COMMENTS
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## **SUPPLEMENTAL**

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

## SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident	Number: Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (2)	(b) (2)	(b) (6), (b) (7)(C)